

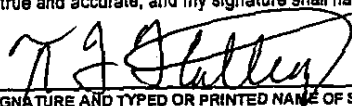


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div>CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">01 JUN 26 PM 4: 06</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # F 99000000942 1. Corporation Name EPIC VACATION CLUB, INC.			
2. Principal Office Address 1150 First Avenue Suite, Apt. #, etc. Suite 900 City & State King of Prussia, PA Zip 19406 Country		3. Mailing Office Address 1150 First Avenue Suite, Apt. #, etc. Suite 900 City & State King of Prussia, PA Zip 19406 Country USA	
		<div style="font-size: 1.5em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <div style="font-size: 0.8em; padding-top: 5px;">4. Date Incorporated or Qualified To Do Business in Florida = 2-18-99</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="font-size: 0.8em; padding-top: 5px;">5. FEI Number 23-2988616</div><div style="font-size: 0.8em; padding-top: 5px;">Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="font-size: 0.8em; padding-top: 5px;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div>	
7. Name and Address of Current Registered Agent			
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation</div><div style="width: 35%; text-align: right; font-size: 0.8em;">7000004460997 -07/06/01--01014--019 ****297.50 ****297.50 State FL Zip Code 33324</div></div>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div style="width: 40%; text-align: center;">Donna A. DiPietro Assistant Vice President</div><div style="width: 20%; text-align: right;">Date 6/25/01</div></div>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir. Pres.	Thomas F. Flatley	1150 First Avenue, Suite 900	King of Prussia, PA 19406
Sec. Treas.	Scott J. Egelkamp	1150 First Avenue, Suite 900	King of Prussia, PA 19406
Dir.	Kenneth Knight	1150 First Avenue, Suite 900	King of Prussia, PA 19406
Dir.	C. T. Lynch	400 N. Atlantic Avenue	Daytona Beach, FL 32118
Dir.	Farzin Ferdosi	5115 S. Decatur Avenue	Las Vegas, NV 89118
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/21/01 610-992-0100 Date Daytime Phone #	